NAME (Last, First, Middle)					MAIDEN (if applicable)				Date	
ADDRESS				CITY/STATE/ZIP					DATE OF BIRTH	
HOME TELEPHONE NUMBER				WORK TELEPHONE						
HOME FEEL HOME NOMBER				WOUNT TELEFORM						
SOCIAL SECURITY NUMBER HEIGH			HEIGHT / WEIGHT	IEIGHT / WEIGHT			3		SEX	
COMPANY INFORMATION										
COMPANY YOU WILL BE REPRESENTING:										
DOING BUSINESS AS								LICE	NSE NUMBER	
ADDRESS CITY/STATE/ZIP										
ADDRESS CITY/STATE/ZIP										
Have you ever been issued a salesman permit before?  If you answered Yes, p							se list na	ame of	Company /	
Yes	Yes No					companies you represented below:				
Company Names	mpany Names									
Employment History for the last five (5) years										
Have you ever	Have you ever been convicted of a Liquor Control Violation?					If you answered yes, give full details as to date, charge,				
Yes	No L	No				place and sentence or disposition below:				
Violation History										
Do you have any financial interest in, or hold any position or office in, a business that is licensed to sell intoxicating liquor										
at retail? Yes No										
If you answered yes, give full details of your interest:										
a you also noted you, give turn downlood your interesti										
Certification:										
I certify that the answers I have given on this application are true and complete. I authorize the Superivosr of Alcohol and Tobacco Control or his duly appointed agents access to any and all criminal records of the undersigned individual.										
SIGNATURE OF	APPLICANT									
SUPERVISOR OF A	LCOHOL AND TOBACCO	CONTRO	L				DATE			

## MISSOURI DEPARTMENT OF PUBLIC SAFETY DIVISION OF ALCOHOL AND TOBACCO CONTROL



Per your request, enclosed you will find application(s) and permit card(s) for Salesman Permit for the Missouri Division of Liquor Control. Please make sure the following steps are completed before submitting to the appropriate District Office:

- 1. Complete the application in detail and sign. Please **print** legibly and use legal name.
- 2. Sign the green permit card (with ink) where indicated by **PERMITTEE.** Only **one** signed green permit card is required for each applicant. Do not write on the permit card anywhere except to sign your name, this Division will complete the remainder of the card. **IF YOU ARE IN NEED OF A GREEN CARD PLEASE CALL 573-751-2333.**
- 3. Send **TWO** (2) small photos of applicant (without a hat). Photos may be in color or black and white. Please make sure the photos will fit in the appropriate area on the green card. Our office is no longer accepting photocopies of applicant's picture.
- 4. There is no license fee.

When the above steps have been completed, mail the application, signed permit card and two small photos to:

Division of Alcohol and Tobacco Control 1738 East Elm Street, Lower Level Jefferson City, MO 65101

If you have any questions, feel free to call at (573) 751-2333.